

THOMAS J. VILSACK
GOVERNOR

STEVEN K. YOUNG, DIRECTOR

SALLY J. PEDERSON
LT. GOVERNOR

Dear Targeted Small Business (TSB) Applicant:

In order to qualify for the Targeted Small Business financial and technical assistance programs, you must be certified by this office.

For certification as a TSB, you must, at a minimum, meet all of the following criteria:

- Be located in the State of Iowa.
- Be operating for a profit.
- Have an annual gross income of less than \$3 million computed as an average of the three preceding fiscal years. (Gross income means the total sales less the cost of goods sold plus any income from investments and from incidentals or outside operations or sources.)
- Be 51 percent or more owned, operated and actively managed by one or more women, minorities, or persons with a disability. (A "minority person" means an individual who is Black, Hispanic, Asian, Pacific Islander, American Indian or Alaskan Native American. "Disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual.)

An applicant must comply with all of the program's eligibility standards. A complete list of these eligibility standards can be found under Iowa Administrative Code chapter 25 [481 IAC 25] or on our web site at www.state.ia.us/government/dia/index.html. A copy of the administrative code may also be requested from this office.

When a certification determination has been made, this office will notify you.

Enclosed you will find a certification application which must be completed in full. You must also submit all documentation that is pertinent to your business as requested on the enclosed document list. Be sure to include the non-refundable \$25.00 application processing fee.

Do not leave any spaces blank on the application. If a question is not applicable to your business, insert "N/A" in the space provided for your answer. Please give an explanation for each omission.

If you have any questions regarding the certification process, please feel free to contact us at (515) 281-6848. Return the completed application and any attachments to the following address: Iowa Department of Inspections and Appeals, Targeted Small Business Certification Program, Lucas State Office Building, 321 East 12th Street, Des Moines, Iowa 50319-0083.

Sincerely,



Sherry Hopkins
Program Manager

LUCAS STATE OFFICE BUILDING, 321 EAST 12TH STREET, DES MOINES, IOWA 50319-0083

ADMINISTRATION
(515) 281-5457
FAX: (515) 242-6863

ADMINISTRATIVE HEARINGS
(515) 281-4843
FAX: (515) 281-4477

HEALTH FACILITIES
(515) 281-4115
FAX: (515) 242-5022

INSPECTIONS
(515) 281-6538
FAX: (515) 281-3291

INVESTIGATIONS
(515) 281-5714
FAX: (515) 242-6507

Telephone Number for the Hearing Impaired: (515) 242-6515

Iowa Department of Inspections and Appeals TSB Certification Program (515) 281-6848		Department Use Only	
TARGETED SMALL BUSINESS CERTIFICATION APPLICATION		Check #	Date:
		Amount:	Int:

Business Name:		Owner Name(s):		<input type="checkbox"/> Racial/Ethnic Minority		<input type="checkbox"/> Woman	
				<input type="checkbox"/> Person with a Disability			
Business Address:	City:	County #:	Zip Code:	Business Telephone (include area code):			
Mailing Address (if different from above):	City:	Zip Code:	Federal ID Number:				
Person to Contact:	FAX Number:	TDD Number (hearing impaired only):	Social Security Number:				
E-Mail Address (computer-accessed electronic mail):	Geographical Operating Radius:			Ownership:			
	<input type="checkbox"/> Local 01	<input type="checkbox"/> Statewide 04	<input type="checkbox"/> Sole Proprietorship				
	<input type="checkbox"/> County 02	<input type="checkbox"/> National 05	<input type="checkbox"/> Partnership				
	<input type="checkbox"/> Surrounding Co's 03	<input type="checkbox"/> International 06	<input type="checkbox"/> Corporation				
			<input type="checkbox"/> Limited Liability Co.				

General Information

Purpose of Application:			Date Business Established (date or potential date of ownership):		
<input type="checkbox"/> State Bids	<input type="checkbox"/> Financial Aid	<input type="checkbox"/> Both			
On the lines below explain the nature of your business. Include the major field of operation, products sold, or services rendered. Consultants explain area of expertise. Name specifically and exactly what you sell. (This is how you will be listed on the TSB Directory.)					
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Service				
<input type="checkbox"/> Dealer with Inventory	<input type="checkbox"/> Research				
<input type="checkbox"/> Dealer without Inventory	<input type="checkbox"/> Consultant				
<input type="checkbox"/> Construction	<input type="checkbox"/> Retail				
<input type="checkbox"/> Distributor					

Financial Information - In the spaces below, supply information about your banking institution (or potential banking institution).

Name of Bank:				Street Address:			
Person to Contact:		Telephone Number (include area code):		City:		Zip Code:	
Type of Account:				Account Number:			
Enter gross income information for previous three years:	20 ____	\$	20 ____	\$	20 ____	\$	<input type="checkbox"/> New Business No Income

Explain the source of capital to begin or buy your business. Identify the source of any loan, mortgage, or other form of debt. (Attach additional sheets, if necessary.)

Finance Source (lending institution, if any):			Street Address:						
Person to Contact:		Telephone Number (include area code):		City:		State:		Zip Code:	
Type of Loan:			Loan Number:		Signatory (who will or who has signed for the loan):				

If you purchased your business, complete the appropriate information below.

Name of Seller:			Street Address:				
City:		State:		Zip Code:		Telephone Number (including area code):	
Name of Seller:			Street Address:				
City:		State:		Zip Code:		Telephone Number (including area code):	

Business address is also home address: ☐ Yes ☐ No

Enter information about any working agreement with another business. Include agreements with the previous owner of your business.

Name of Business:	Type of Business:	Telephone Number (include area code):
Agreement is: <input type="checkbox"/> Written <input type="checkbox"/> Verbal		Attach copy of written agreement. Explain verbal agreement below.
Name of Business:	Type of Business:	Telephone Number (include area code):
Agreement is: <input type="checkbox"/> Written <input type="checkbox"/> Verbal		Attach copy of written agreement. Explain verbal agreement below.

Business Equipment - (Attach a copy of lease or rental agreement.)

Item:	<input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Purchase	From Whom (lessor, rental agent, previous owner):	Telephone Number (include area code):		
Date Purchased:	Purchase Price: \$	Cost: \$	<input type="checkbox"/> Annual <input type="checkbox"/> Month	Business Name:	
Rental or Lease	Expiration Date:	<input type="checkbox"/> Open End	<input type="checkbox"/> Closed End	Purchase	Current Value \$
Item:	<input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Purchase	From Whom (lessor, rental agent, previous owner):	Telephone Number (include area code):		
Date Purchased:	Purchase Price: \$	Cost: \$	<input type="checkbox"/> Annual <input type="checkbox"/> Month	Business Name:	
Rental or Lease	Expiration Date:	<input type="checkbox"/> Open End	<input type="checkbox"/> Closed End	Purchase	Current Value \$

New businesses as well as established businesses need to complete the following section.

Personnel and Responsibilities - Number of Employees (include yourself):

Enter the name of the person responsible for each of the following:

Payroll Checks:	Estimating/Bids:	Letters of Credit:
Hiring or Firing:	Contracts:	Bonds:
Daily Operation and Management:	Purchase of Major Items or Supplies:	Banking Service:
Marketing or Sales:	Field Supervision:	Price and Bidding Negotiations:

List all owners. (Attach additional sheets if necessary.)

Name:	Social Security Number:	Percent Owned:	Equity:	Ownership Date:	<input type="checkbox"/> Racial/Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability
Name:	Social Security Number:	Percent Owned:	Equity:	Ownership Date:	<input type="checkbox"/> Racial/Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability
Name:	Social Security Number:	Percent Owned:	Equity:	Ownership Date:	<input type="checkbox"/> Racial/Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability
Name:	Social Security Number:	Percent Owned:	Equity:	Ownership Date:	<input type="checkbox"/> Racial/Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability

Organization - Fill in all applicable information. (Attach additional sheets as needed.)

Subsidiary (Complete **only** if your business is a subsidiary of another business.)

Parent Company:	Address (Street, City, State, Zip Code):	Telephone Number (include area code):
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Shared Space, Equipment, or Personnel (Complete **only** if you share space, equipment, or personnel with another business.)

Space (amount) Equipment (item) Personnel (name and position)			Name of Business:	
Address:	City:	State:	Zip Code:	Telephone Number (include area code):

Space (amount) Equipment (item) Personnel (name and position)			Name of Business:	
Address:	City:	State:	Zip Code:	Telephone Number (include area code):

Applicant Survey

Iowa state government is committed to affirmative action. To evaluate the success of the Targeted Small Business (TSB) program, certain information must be collected about TSBs. Please share some information about yourself to assist us in evaluating the program. The information you provide is used strictly for program evaluation and will be kept confidential.

Please write your numbered responses to items A through D in the corresponding spaces.

<input type="checkbox"/> A. What sex are you? 1. Male 2. Female	<input type="checkbox"/> B. Are you applying as a person with a disability? 1. Yes 2. No
<input type="checkbox"/> C. Of which racial or ethnic group do you consider yourself a member? 1. White 2. African American 3. Hispanic 4. Asian 5. Pacific Islander 6. American Indian 7. Alaskan Native American	<input type="checkbox"/> D. Have you applied for and been determined eligible to receive services by the Department of Education, Division of Vocational Rehabilitation or the Department for the Blind based on your disability? 1. Yes * 2. No **

*** If you answered Item D above as "Yes,"** send written verification from the Department of Education, Division of Vocational Rehabilitation or from the Department for the Blind.

- OR -

**** If you answered Item D above as "No"** and are applying as a person with a disability, please have your physician complete the enclosed Verification of Disability form and return it with your application.

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
TARGETED SMALL BUSINESS PROGRAM

AFFIRMATION AND AUTHORIZATION

I understand that the Iowa Department of Inspections and Appeals (DIA) may request other relevant information at any time. If any purchasing authority for a department or an agency of state government has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, that information may be considered a material misrepresentation and may be grounds for terminating any contract awarded and for initiating criminal action under state laws concerning false statements or breach of contract, or both.

I certify that the information contained in this application for targeted small business status is correct. I understand that misrepresentation may be cause to be removed from the qualified vendor list and may incur any other penalties allowed by law.

I affirm that the employment practices of the applicant company do not discriminate because of age, race, creed, color, sex, national origin, religion, or disability.

I authorize anyone who possesses personal, educational, or other information needed by the Targeted Small Business section to fully evaluate my qualifications to furnish this information to the person designated by the Iowa Department of Inspections and Appeals.

I hereby release anyone from damage which may result from their furnishing or obtaining information for the Targeted Small Business program.

481-25.10(714) Fraudulent practices in connection with targeted small business programs. A violation under this rule is grounds for decertification of the TSB connected with the violation. Decertification shall be in addition to any penalty otherwise authorized by this chapter.

A person is considered to be guilty of a fraudulent practice if the person;

1. Knowingly transfers or assigns assets, ownership, or equitable interest in property of a business to a targeted group person primarily for the purpose of obtaining benefits under the TSB programs if the transferor would otherwise not be qualified for such programs.
2. Solicits and is awarded a state contract on behalf of a TSB for the purpose of transferring the contract to another for a percentage if the person transferring or intending to transfer the work had no intention of performing the work.
3. Knowingly falsifies information on an application for the purpose of obtaining benefits under TSB programs.

The Department may investigate allegations or complaints of fraudulent practices and will take action to decertify a TSB upon concluding that a violation has occurred. A decertification by this action may be appealed.

I have read and understand all of the above.

Date

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20 ____.

My commission expires:

Notary Public

Return application to:

Iowa Department of Inspections and Appeals
Targeted Small Business Certification Program
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319-0083

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS

Targeted Small Business Certification Program

(515) 281-6848

DOCUMENT LIST

Please submit the documents that are appropriate for your business in order to be considered for TSB certification. **DO NOT** send original documents. Your application will not be considered until all required documentation is received, or until we have a satisfactory explanation of any omissions.

All Applicants

- ☐ Proof of minority or female status (birth certificate, driver's license, court or tribal record)
- ☐ Proof of disability (written verification from Iowa Department of Education/Division of Vocational Rehabilitation, Department for the Blind, or a completed Verification of Disability Physician's Statement)
- ☐ All licenses to do business and any other licenses or permits (e.g. sales tax permit, federal ID number, etc.)
- ☐ State or local certification, registrations, or proofs of competence (e.g. food establishment license, cosmetology license, etc.)
- ☐ Registration of business name (county recorder's office)
- ☐ Purchase agreement to purchase business equipment
- ☐ Cancelled checks for equipment purchase
- ☐ Loan agreements
- ☐ Bank signature card
- ☐ Business insurance certificates (worker's compensation, general liability)
- ☐ Signed payroll for prior two months
- ☐ Third-party agreements (e.g. equipment rental, purchase agreements, management service agreements, etc.)
- ☐ Lease agreements
- ☐ Resumes of all owners
- ☐ Business plan if this is a new business or you are applying for financial assistance

Sole Proprietorship

- ☐ Business tax forms for last three years (federal and state)
- ☐ Personal income tax forms for the last three years (federal and state) if business taxes are not available

Partnership

- ☐ Partnership agreement
- ☐ Business tax forms for last three years (federal and state)
- ☐ Personal income tax forms for the last three years (federal and state) if business taxes are not available

Corporation

- ☐ Articles of incorporation
- ☐ Bylaws
- ☐ Stock certificates (issued and outstanding)
- ☐ Stock transfer ledger
- ☐ Proof of stock purchase (cancelled checks, etc.)
- ☐ Minutes of first corporate meeting
- ☐ Minutes reflecting election of directors and officers
- ☐ Corporate borrowing resolution
- ☐ Corporate income tax forms for last three years (federal and state)
- ☐ Personal income tax forms for each owner for the last three years (federal and state) if corporate taxes are not available

Limited Liability Company

- ☐ Articles of incorporation
- ☐ Proof of capital contributions for each owner
- ☐ Operating agreement
- ☐ Business tax forms for last three years (federal and state)
- ☐ Personal income tax forms for each partner for last three years (federal and state) if business taxes are not available

If your business is not in operation, please provide what documentation you can. If any documentation is omitted, please explain why (e.g. pending, applied for, not available, etc.). If any current owner has been denied certification in the past, please provide a detailed explanation.

\$25.00 Application Processing Fee must accompany the application

Make check or money order payable to: Iowa Department of Inspections and Appeals

[Note: the application processing fee is non-refundable]

VERIFICATION OF DISABILITY

Persons with disabilities seeking entry into the Targeted Small Business (TSB) program must meet the same criteria as women or minorities with respect to business ownership and management. In addition, a licensed health care provider must certify that the individual named below is disabled in accordance with the following definition:

"Disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual. "Disability" does not include any of the following:

1. *Homosexuality or bisexuality*
2. *Transvestitism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identify disorder not resulting from physical impairments, or other sexual behavior disorders.*
3. *Compulsive gambling, kleptomania, or pyromania.*
4. *Psychoactive substance abuse disorders resulting from current illegal use of drugs.*

Physician's Statement

Individual's Name: _____

Social Security Number: _____ Date of Birth: _____

Disability: (1) _____

(2) _____

(3) _____

Functional Limitation (Check all appropriate):

☐ Walking

☐ Hearing

☐ Speaking

☐ Seeing

☐ Self-Care

☐ Breathing

☐ Learning

☐ Working

☐ Performing Manual
Tasks

☐ Other (explain
below)

Explanation of "other": _____

Signature of Certifying Health Care Provider: _____

Professional License Number: _____ State of Issue: _____

Once completed, please return this form to:

Iowa Department of Inspections and Appeals
Targeted Small Business Certification Program
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319-0083